

# Milwaukee County

## Department of Health & Human Services

### Behavioral Health Division



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July 2014

## Mission:

The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

## Vision:

The Milwaukee County Behavioral Health Division is a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

## Core Values:

- 1 Patient centered care
- 2 Best practice standards and outcomes
- 3 Accountability at all levels
- 4 Recovery support in the least restrictive environment
- 5 Integrated service delivery

# Who Do We Care For? (Part 1)

- \* We wanted to review with you success stories.
- \* However, we felt this under emphasizes the true challenges our patients face.
- \* We will return at future meetings to review success stories.

# Historic View of Mental Illness

- \* “Divine Madness” a Connection to Gods
- \* Madness and Genius are Co-occurring
- \* Creates Poets and Inspires Prophets

# What is Mental Health Stigma?

- \* Mental health stigma can be divided into two distinct types, social stigma and self-stigma.
- \* Social stigma is characterized by prejudicial attitudes and discriminating behavior directed towards individuals with mental health problems as a result of being labeled as ill.
- \* The stereotypes that drive social stigma can also worsen self-stigma.

# Who Do We Care for? (Part 2)

- \* Chapter 51.15 – Dangerous and unwilling to accept treatment
- \* Indigent – Uninsured patients regardless of degree of illness or risk
- \* Voluntary patients with elevated risk and severe illness that cannot be managed within the capabilities of other local facilities.
- \* What does this mean?
  - \* High levels of stigma
  - \* Difficulties with Self-Efficacy
  - \* Negative Community Attitudes

# Sometimes We have to Go Backward to Go Forward ...

- \* City of Geel in the Belgian province of Antwerp
- \* St. Dymphna
- \* Treatment by the chapter of Canons
- \* Overflow taken in by community families
- \* By 1836 model formalized

# Behavioral Health Division

## Recovery Oriented System of Care

- \* Acute Adult Inpatient
- \* Child/Adolescent Inpatient Services
- \* Rehabilitation Centers (Hilltop/Central)
- \* Wraparound Milwaukee
- \* Community Access to Recovery Services
- \* Mental Health Redesign & Implementation Task Force
- \* Office of Consumer Affairs/Peers as Providers
- \* Crisis Services



# Acute Inpatient/CAIS

- \* Specialty Units

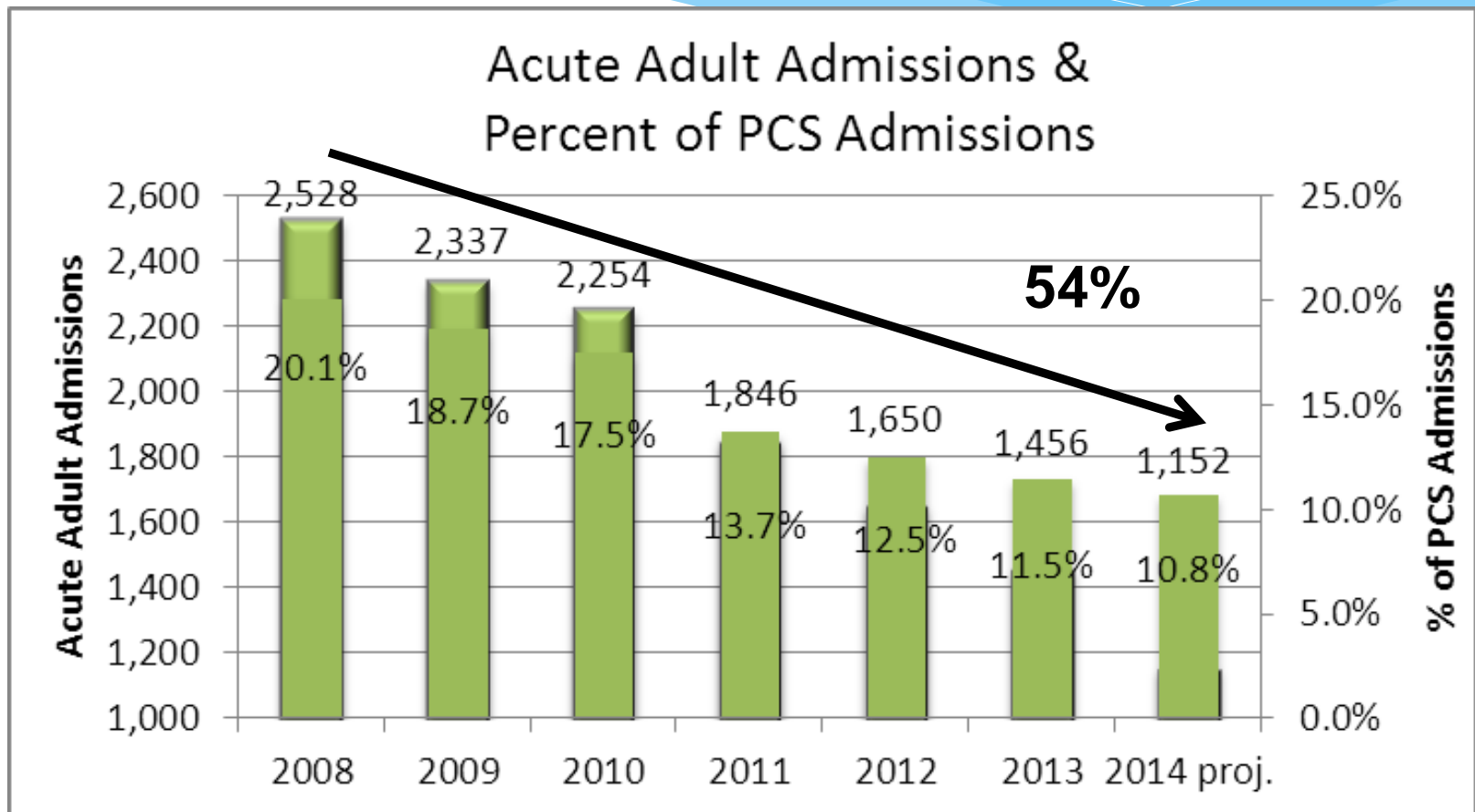
- ITU – Intensive Treatment Unit

- ATU- Adult Teaching Unit

- WTU-Women's Treatment Unit

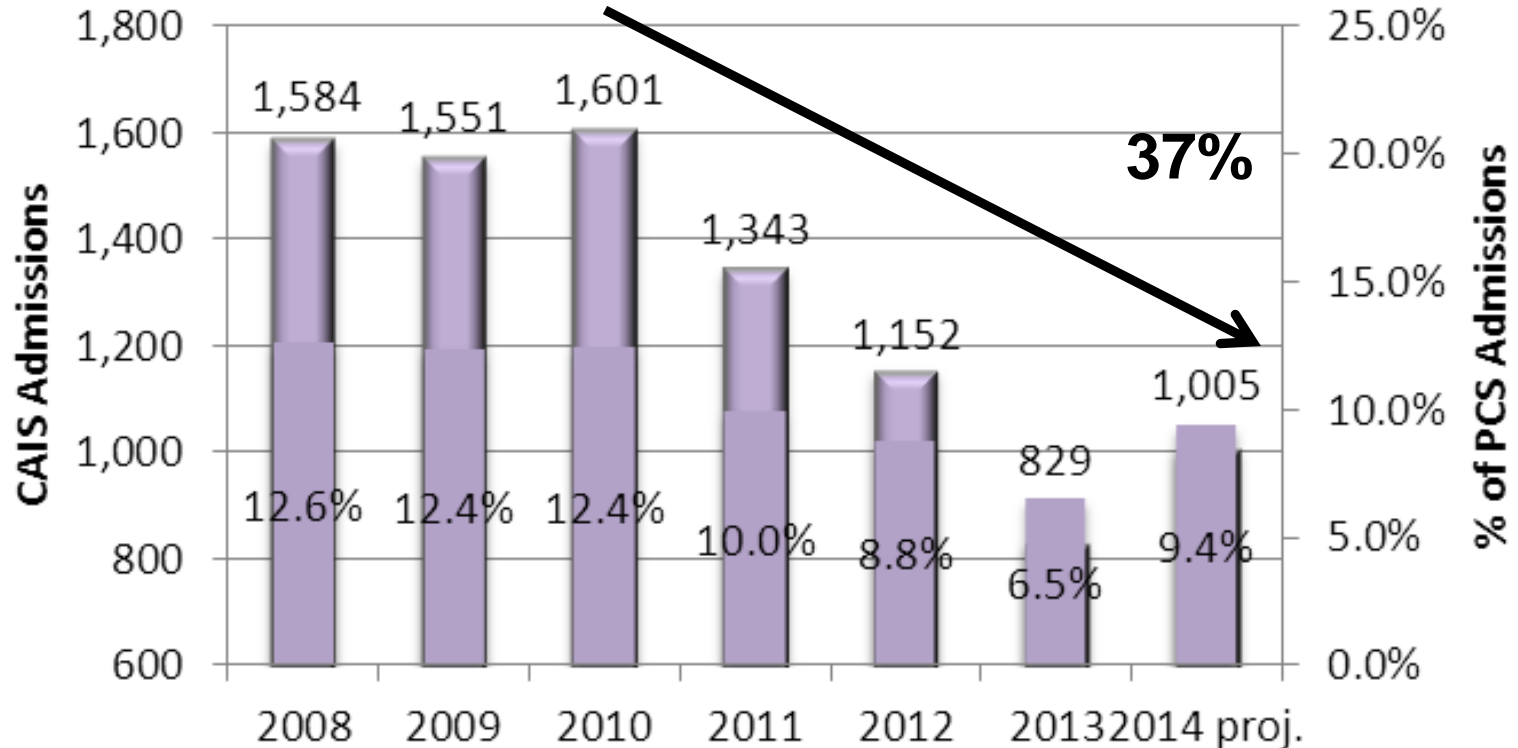
- CAIS-Child and Adolescent Treatment Unit

# Acute Inpatient Admissions



# CAIS Admissions

CAIS Admissions  
& Percent of PCS Admissions



# Rehabilitation Centers

- \* Two individually-licensed facilities which provide unique long-term rehabilitative care to patients with complex medical, mental health and behavioral needs
- \* Goal is to promote optimum level of functioning of residents and return to an appropriate community setting
- Rehabilitation Center-Central (skilled nursing facility)
  - 70-bed Medicaid-certified, skilled-care licensed nursing home for patients with physical nursing needs, mental illness and behavioral challenges. Licensed recently reduced to 50.
  - The facility is in process of closure. An approved Relocation Plan notes that all remaining clients shall be relocated by the end of 2015.

# Rehabilitation Centers

- Center for Independence and Development – Hilltop (FDD-Facility for Developmentally Disabled)
  - 70-bed Medicaid-certified facility for adults with intellectual disabilities and significant behavioral challenges. License recently reduced to 46 beds
  - The facility is in process of closure. An approved Relocation Plan notes that all remaining clients shall be relocated by end of 2014.

# Rehabilitation Centers

- Client Centered Closure Process
  - Relocation team members including State and County personnel in addition to client advocates and Managed Care Organizations meet every other Wednesday in a collaborative effort to ensure appropriate relocation procedures are adhered to.
  - Planning Conference held to determine relocation needs
  - Client/Guardian visits to potential placement to further assess needs
  - Discharge conference held with all stakeholders including resident/guardians

# Rehabilitation Center Quality Improvement

- \* Restraint use decreased by 47% percent in the Rehabilitation Centers between 2010 and 2014.
- \* Episodes of resident to resident altercations which includes verbal aggression are down twenty eight percent in Rehabilitation Central and thirteen percent in the CID (Hilltop)
- \* Episodes of falls have decreased by 85% percent in Rehabilitation Central and by 36% in the past year in the CID (Hilltop).

# Wraparound Milwaukee

- \* **A unique System of Care and national model serving over 1500 families with children who have serious emotional or mental health needs served by multiple child serving systems and who are at risk of placement in a:**
  - \* Residential Treatment Center, Correctional facility or psychiatric inpatient unit
  - \* Services provided include all mental health, AODA, crisis intervention, supportive and out-of-home care as needed
- \* **Operated by BHD, it functions as its own managed care/HMO entity, pooling funds and delivering services to families across Child Welfare, Juvenile Justice, Medicaid and Mental Health.**



# Wraparound Milwaukee

- \* Driven by a set of Values: Family and Youth Centered, Strength and Needs Based , Culturally Responsive Normalized Planning, Collaboration and System Integration (One Family, One Plan), Community Based and Unconditional Care
- \* Single point of accountability provided by Care Coordinators using a Team approach for planning and service delivery
- \* Multiple providers to assure family choice as well offering youth and families what they need in their home and communities
- \* Mobile Crisis, Family and Educational Advocacy available to all families in Milwaukee County

# Wraparound Milwaukee

- \* REACH
  - \* Non-system Involved Youth and Families
- \* Family Intervention Support and Services (FISS)
- \* Transition Support and Services for Young Adults
  - \* Project O'Yeah
  - \* Owen's Place
- \* Mobile Urgent Treatment Team (MUTT)
- \* Families United
  - \* Family and Educational Advocacy

# Community Access to Recovery Services

## **Mental Health Services (SAIL)**

- \* Community Based Residential/Adult Family Homes
- \* Day Treatment
  - \* Dialectical Behavior Therapy Team
  - \* Stabilization and Recovery Team
- \* Community Support Programs
  - \* ACT/IDDT Pilot
- \* Targeted Case Management
- \* Outpatient Mental Health
- \* Community Recovery Services (CRS) 1915(i)

# Community Access to Recovery Services

## **Substance Use Disorder Services (Wiser Choice)**

- \* Access through Central Intake Units
- \* Full Continuum of Care including:
  - \* Residential
  - \* Day Treatment
  - \* Outpatient
  - \* Medication Assisted Treatment
  - \* Recovery Support Services
  - \* Recovery Support Coordination
  - \* Recovery Check-up

# MC3

## **Milwaukee Co-occurring Competency Cadre (MC3)**

- \* Every program in the MC3 will become a welcoming, trauma informed, recovery-oriented, co-occurring capable program
  - \* **400 Dedicated Change Agents**
  - \* **80 Agencies**
- \* Each agency and every program with the agency will engage in a Continuous Quality Improvement (CQI) process

# Mental Health Redesign

## Background

- \* **Movement toward recovery-oriented, community-based, person-centered services and supports**
- \* **Initially driven by numerous sets of recommendations**
  - \* HSRI, Community Advisory Board, MC3, Holloway Report, etc.
- \* **Mental Health Redesign & Implementation Task Force**
  - \* Public & private stakeholders
  - \* Six Action Teams and subsidiary workgroups
  - \* Developed consensus around select recommendations
- \* **Sixteen “SMART Goals” for 2013 - 2014**

# Mental Health Redesign

## Implementation of SMART Goals

- \* **Notable accomplishments**
  - \* Improved capacity for walk-in services via Access Clinic
  - \* Case management expansion
  - \* Implementation of Community Recovery Services
  - \* Collaboration with criminal justice system (mobile crisis, data sharing, etc.)
  - \* Peer Pipeline / Certified Peer Specialist trainings
  - \* Pathways to Permanent Housing
  - \* Community Intervention Specialist
- \* **Continued involvement of diverse stakeholders**
  - \* Persons with lived experience of a mental illness and/or substance use
  - \* Administrators and service providers
  - \* Regular Progress Updates

# Office of Consumer Affairs

## **Use of Certified Peer Specialist as Providers**

- \* Acute Inpatient
- \* Observation Unit
- \* Crisis Stabilization Houses

## **Consumer Reimbursement Policy**

- \* Individuals with lived experience as BHD Consultants
- \* 146 unique individuals

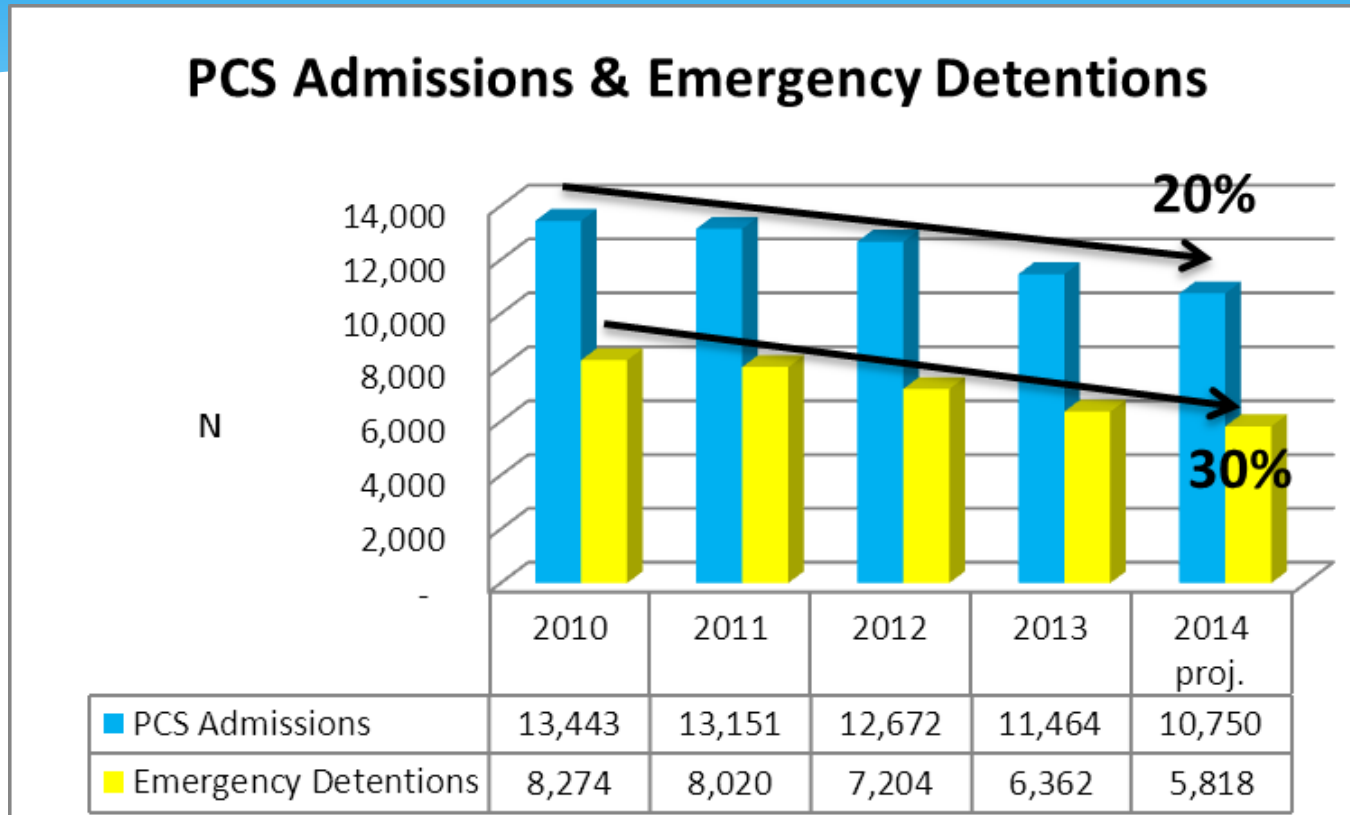
## **Partnership with Horizon Healthcare**



# Crisis Services

- \* Psychiatric Crisis Services (PCS)
- \* Observation Unit (OBS)
- \* Crisis Line
- \* Warmline, Inc.
- \* Crisis Mobile Team (CMT)
- \* Geriatric Specialist RN
- \* Access Clinic (AC) and Mental Health Outpatient Services (MHOP)
- \* Crisis Stabilization Houses (CSH)
- \* Crisis Resource Center (CRC)
- \* Community Linkages and Stabilization Program (CLASP)
- \* Crisis Assessment Response Team (CART)
- \* Community Consultation Team (CCT)

# Decreased Admissions to PCS



- ❖ 20% fewer admissions to PCS since 2010
- ❖ 30% fewer Emergency Detentions: 8,274 in 2010 to 5,818 (projected) for 2014. \*2014 projections as of 6/30/14

# Efforts to Decrease Emergency Detentions in Milwaukee County

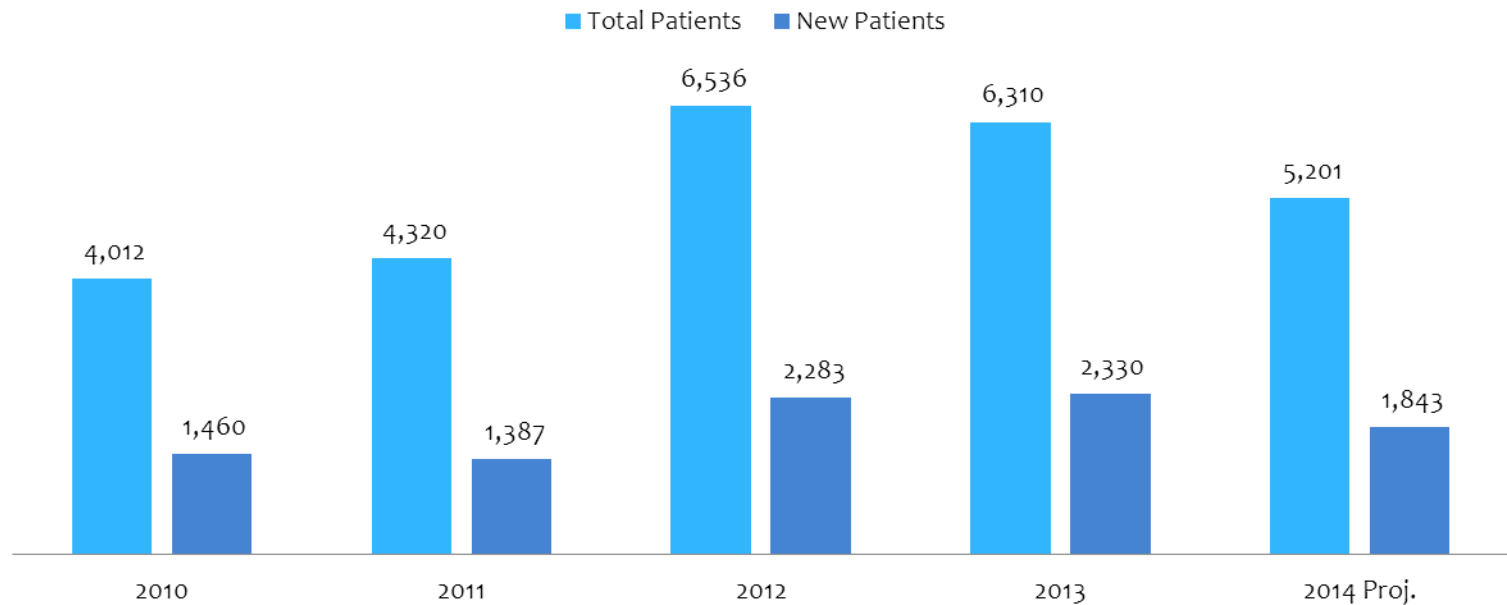
- \* 23% decrease in Emergency Detentions (ED) from 2010 to 2013.
- \* Increased utilization of Crisis Mobile Team (CMT) clinicians to assess individuals in the community and in area emergency rooms (35% increase in mobiles from 2008 to 2013).
- \* CMT expansion to provide on-call coverage for mobiles on third shift in hospitals and with police being implemented in 2014.
- \* Implementation of the ACT 235 pilot to allow Treatment Directors or Designees to complete ED only when absolutely necessary and after all other efforts to stabilize the individual in the community have been exhausted.
- \* Collaboration with the Milwaukee Police Department in the expansion of the Crisis Assessment Response Team.

# Improvements of Access Clinic & MHOP

- Individuals continue to receive co-occurring, trauma-informed outpatient therapy services and/or medication evaluations as clinically indicated.
- Wait times to be seen remain low and appointments to see a prescriber generally occur within 1-3 days after initial assessment.
- Overall customer satisfaction aggregate results from surveys completed January 2014 to June 2014 show a 94% positive satisfaction rate.
- Access Clinic-South location opening in 2014.

# Number of Individuals Receiving Services in the Access Clinic

**Patient Volume by Year**



# Community Linkages and Stabilization Program (CLASP)

- \* To improve the quality of life for consumers by promoting recovery in the community.
- \* To increase the ability for consumers to cope with issues and manage stress to avoid crisis and hospitalization.
- \* To provide a listening ear to consumers as well as sharing their own success towards recovery.
- \* To assist consumers with developing a team of supports (family and community based) and connecting to resources.

# CLASP Successes

- \* In 2013, consumers participating in the program showed a reduction in PCS admissions. PCS admissions decreased from 119 prior to enrollment to 81 admissions while participating in CLASP. (32% decrease post-enrollment)
- \* 2013 customer satisfaction survey aggregate results show a 4.48 overall satisfaction rate on a 5.0 point scale.

# Community Consultation Team (CCT)

- \* CCT has been created to help support individuals with intellectual disabilities and mental health in the community.
- \* Focus is on working with community service providers in a preventative manner to reduce the likelihood of significant client behavioral and mental health issues.
- \* Offer consultation services (behavioral assessments, creation of positive behavioral support plans, etc.), staff developmental services and training, and crisis intervention services.



# Commitment to Excellence and Continuous Improvement

- \* The Joint Commission engagement
- \* Anticipate filing application for accreditation on June 1, 2015
- \* Work underway for past 2 ½ years
- \* County-wide Implementation of Comprehensive Community Services (CCS)

# Future Directions for BHD

- \* System in transition undergoing significant change
- \* High functioning leadership team
- \* Stay committed to person-centered, recovery-oriented, trauma-informed, culturally-appropriate care
- \* We depend on your expert governance and partnership